

2011 Adult Touch Football Registration

Entry fee must accompany this form. **Only one (1) form of payment (cash, debit/credit card) will be accepted.** You may register in person, by mail, or by phone with a credit card (651-558-2255). Please make sponsorship checks payable to: ***St. Paul Municipal Athletics***, 1500 Rice St., St. Paul, MN 55117

Amount Paid _____

Receipt # _____

Date Received _____

(Office use only)

Team Name _____ Managers Name _____

Address _____ City _____ Zip _____

Day Phone () _____ Eve Phone () _____ Cell Phone () _____

E-Mail Address _____

Division of play **Men's**

Day of Play/Class
(Please circle) **Tues C**

Thurs C

Comments _____

I have read the enclosed conduct policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative